

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Central Texas Veterans Health Care System

March 1, 2020

Dear Prospective Youth Volunteer,

Thank you for your interest in the 2020 Summer Youth Volunteer Program with Central Texas Veterans Health Care System. Applicants must be at least 14 years old before June 1, 2020. Included you will find the required documents to apply for the program. Please review this packet with your parents or legal guardian and ensure you complete all sections.

Since interest exceeds volunteer opportunities, not all applicants will be accepted for the program and incomplete applications will not be considered. Applications will be accepted in the Voluntary Service office until 4:30 pm on Friday, April 10, 2020.

Upon review of applications submitted by deadline, qualified applicants will be contacted by Voluntary Service staff to schedule an interview. Youth volunteers from the program in 2019 will complete a phone interview and all other applicants will meet for a face-to-face interview in the Voluntary Service office.

All applicants will receive a mailed correspondence letter indicating acceptance status. Selected applicants will receive additional documents to complete and must attend the Summer Program Volunteer Orientation on Monday, June 1, 2020 to remain eligible for volunteering during the summer.

Please contact our Voluntary Service Office with any questions.

Sincerely,

A handwritten signature in black ink that reads "Reginald Hardy".

Reggie Hardy  
Chief, Voluntary Service





# APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA135 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1.  2.  3.

SEX  M  F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

IN CASE OF EMERGENCY, PLEASE CONTACT (Name, Relationship, Phone Number)

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer Signature

Date

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

\_\_\_\_\_  
VAVS Program Manager - Appointing Official Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

1. SUPERVISOR

2. SUPERVISOR PHONE NUMBER

3. ORIENTATIONS

4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE

**NOTE TO STUDENTS AND PARENTS:** The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients, and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans and to protect our employees, patients, and volunteers as that care is provided.

**STUDENT VOLUNTEER:** If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT/GUARDIAN:** The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Completion of this application does not guarantee acceptance into this program.



**Central Texas Veterans Health Care System  
Summer Student Volunteer Questionnaire**

Name:

Date:

Availability:      Monday                      Tuesday                      Wednesday                      Thursday  
                                 Friday                      Morning                      Afternoon

Please share any days you are not available due to family vacations, summer camps, etc.

What is your grade level beginning in August 2020?

6th              7th              8th              9th              10th              11th              12th

Will you consistently commit to volunteering as assigned for 9 weeks during the summer?

Yes              No

Why are you interested in volunteering with the Central Texas Veterans Health Care System?

What type of volunteer positions interest you?

Share special skills, interests, and relevant past experiences.  
(Examples: photography, musician, medical certifications, etc.)

What are your future college, career, and personal development goals?

What do you hope to gain from this volunteer experience?

How did you learn about this volunteer opportunity?

What size polo shirt would you need?

XS

S

M

L

XL

2X

3X

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## **Declaration of Commitment to Responsibilities**

### **Youth Volunteer Responsibilities:**

- Attend Youth Program Volunteer Orientation on June 1, 2020
- Complete required tuberculosis (TB) test through CTVHCS Occupational Health or provide documentation of test administered after August 2019
- Demonstrate a courteous, professional, and positive attitude and behaviors towards all Veterans, staff, volunteers, and visitors by upholding VA ICARE (Integrity-Commitment-Advocacy-Respect-Excellence) Core Values
- Refrain from using electronic devices for entertainment and social networking
- Wear VA issued ID badge and shirt while volunteering
- Adhere to a professional dress code by refraining from wearing opened toed shoes, shorts, and garments with holes
- Only report to volunteer on days assigned by Voluntary Service Specialists and remain in assigned area unless taking 30-minute lunch break or given special task
- Communicate any volunteer assignment concerns and necessary absences with Voluntary Service Specialist
- Reference the CTVHCS Voluntary Service Orientation Handbook as needed for additional information on volunteer responsibilities
- Remember volunteering at VA is a special opportunity to serve our Veterans

### **Parent/Guardian Responsibilities:**

- Assist volunteer in completing all necessary documents during application process
- Ensure volunteer only volunteers during days and times assigned by Voluntary Service Specialists
- Ensure reliable transportation for the volunteer to arrive on time and leave before close-of-business each date assigned
- Ensure volunteer does not accept volunteer assignment supervised by a relative or close family friend
- Communicate any concerns about volunteer's ability to complete volunteer assignments to the Voluntary Service Specialists
- Remind volunteer that volunteering at VA is a special opportunity to serve our Veterans



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## Declaration of Commitment to Responsibilities

### Voluntary Service Staff Responsibilities:

- Select volunteer applicants who will support VA's Veteran-centered mission
- Provide comprehensive orientation and training for volunteer to ensure a successful experience
- Demonstrate ICARE Core Values, and provide positive role modeling, support, and individualized volunteer coaching to guide personal-development of volunteer
- Communicate reported or observed violations of responsibilities with youth volunteer and contact parent if problems persist after coaching session
- Reassign volunteer as needed and make scheduling accommodations
- Receive and return communication to volunteers and parents or guardian in a timely manner

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I will remain committed to upholding my responsibilities as a volunteer and will complete additional training as required if I am selected to participate as a youth volunteer.

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I will remain committed to upholding my responsibilities as the volunteer's parent/legal guardian and will complete additional consent documents as required if my child is selected to participate as a youth volunteer.

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*The CTVHCS Voluntary Service staff are committed to supporting the volunteer by upholding the above-mentioned responsibilities to insure a positive experience for everyone involved in the 2020 Summer Youth Volunteer Program!